

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

USDC SDNY  
 DOCUMENT  
 ELECTRONICALLY FILED  
 DOC #: 15  
 DATE FILED: 11/14/2022

MALCOLM PITT,  
Plaintiff,

v.

ROCKLAND COUNTY; SARGEANT  
OBLENIS; SARGEANT LOWE;  
CORRECTION OFFICER KARNEY;  
CORRECTION OFFICER G. VANDUNK;  
OFFICER FIGUEROA; OFFICER DAWSON,  
Defendants.

**ORDER**

22 CV 8356(VB)

Copies Mailed/Faxed 11/14/2022  
Chambers of Vincent L. Briccetti

Plaintiff, who is incarcerated and proceeding pro se and in forma pauperis, commenced this action on September 29, 2022. (Doc. #2).

On October 20, 2022, the Court issued an Order of Service, directing the Clerk to issue summonses and deliver all documents necessary to effect service to the U.S. Marshals Service. (Doc. #6). On November 8, 2022, defendants Officer Figueroa, Correction Officer Karney, Sergeant Lowe, Sergeant Oblenis, and Officer Vandunk were served. (Docs. ##10–14). To date, proof of service for defendants Officer Dawson and Rockland County has not been filed.

On November 9, 2022, the Court received a letter from plaintiff stating that he omitted some details from his complaint and would like to add a defendant and remove a defendant. (Doc. #9). Plaintiff also requested leave to file an amended complaint. (Id.)

Accordingly, IT IS HEREBY ORDERED:

1. By December 14, 2022, plaintiff shall file a first amended complaint. Plaintiff shall use the first amended complaint form attached to this Order. The first amended complaint will completely replace, not merely supplement, the existing complaint. Therefore, plaintiff must include in the first amended complaint all information necessary for his claims.

2. Once plaintiff has filed a first amended complaint, the Court will screen the first amended complaint and, if necessary, issue an order directing the Clerk to issue summonses, complete the USM-285 forms with the addresses of the newly-named defendants, and deliver to the U.S. Marshals Service all documents necessary to effect service.

3. The named and previously-served defendants' time to answer, move, or otherwise respond to the originally-filed complaint is STAYED pending plaintiff's filing of the first amended complaint.

The Court certifies under 28 U.S.C. § 1915(a)(3) that any appeal from this Order would not be taken in good faith, and therefore in forma pauperis status is denied for the purpose of an appeal. Cf. Coppedge v. United States, 369 U.S. 438, 444-45 (1962).

Chambers will mail a copy of this Order to plaintiff at the address listed on the docket.

Dated: November 14, 2022  
White Plains, NY

SO ORDERED:



Vincent L. Briccetti  
United States District Judge

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Write the full name of each plaintiff.

No. \_\_\_\_\_  
(To be filled out by Clerk's Office)

-against-

FIRST AMENDED  
COMPLAINT  
(Prisoner)

Do you want a jury trial?  
 Yes     No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

## I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

Violation of my federal constitutional rights

Other: \_\_\_\_\_

## II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

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First Name	Middle Initial	Last Name
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State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

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Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

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Current Place of Detention

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Institutional Address

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County, City	State	Zip Code
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## III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

Pretrial detainee

Civilly committed detainee

Immigration detainee

Convicted and sentenced prisoner

Other: \_\_\_\_\_

#### IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 2:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 3:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 4:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

## V. STATEMENT OF CLAIM

Place(s) of occurrence: \_\_\_\_\_

Date(s) of occurrence: \_\_\_\_\_

## FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

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**INJURIES:**

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

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**VI. RELIEF**

State briefly what money damages or other relief you want the court to order.

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## VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

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Dated

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Plaintiff's Signature

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First Name

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Middle Initial

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Last Name

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Prison Address

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County, City

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State

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Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: \_\_\_\_\_